

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF T.M. Next Friend on behalf of H.C., et al.	COURT CASE NUMBER 1:20-cv-00944
DEFENDANT Governor of the State of Ohio, et al.	TYPE OF PROCESS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Mike DeWine, Governor of the State of Ohio, c/o Dave Yost, Ohio Attorney General
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
30 East Broad Street, 14th Floor, Columbus, OH 43215

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
Jay R. Langenbahn Lindhorst & Dreidame Co., L.P.A. 312 Walnut Street, Suite 3100 Cincinnati, OH 45202	Number of parties to be served in this case	2
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Jay R. Langenbahn</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 513-421-6630	DATE 11/23/20
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FILED
RICHARD W. NAGEL
CLERK OF COURT
21 JAN 12 AM 9:31
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
WEST DIV CINCINNATI

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 4 of 4	District of Origin No. 61	District to Serve No. 61	Signature of Authorized USMS Deputy or Clerk <i>Claudia S. Johnson</i>	Date 12-8-2020
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) DUNN	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date 12-28-20	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>Claudia S. Johnson</i>		

Service Fee \$8	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$8	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: CERT MAIL: 7017 1450 0002 3613 1278

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF T.M. Next Friend on behalf of H.C., et al.	COURT CASE NUMBER 1:20-cv-00944
DEFENDANT Kimberly Hall in her official capacity as Director of the Ohio Dept. of Jobs & Families	TYPE OF PROCESS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Kimberly Hall, Director Ohio Department of Jobs & Family Services
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
30 East Broad Street, 31st Floor, Columbus, OH 43215

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Jay R. Langenbahn Lindhorst & Dreidame Co., L.P.A. 312 Walnut Street, Suite 3100 Cincinnati, OH 45202	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	2
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
513-421-6630

DATE
11/25/20

FILED
RICHARD W. MAGEL
CLERK OF COURT
JAN 12 AM 8:51
U.S. DISTRICT COURT
SOUTHERN DISTRICT OHIO
EAST DIV CINCINNATI

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 2 of 4	District of Origin No. 61	District to Serve No. 61	Signature of Authorized USMS Deputy or Clerk Claudia S. Johnson	Date 12-8-20
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I hereby certify and return that I ☐ have personally served ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

DUNN

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
12-28-20

Time
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Claudia S. Johnson

Service Fee \$8.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$8.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: CERT MAIL 7017 1450 0002 3613 1155

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF T.M. Next Friend on behalf of H.C., et al.	COURT CASE NUMBER 1:20-cv-00944
DEFENDANT Kimberly Hall, Director of Ohio Dept. of Jobs & Families c/o Dave Yost, Attorney General	TYPE OF PROCESS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Kimberly Hall, Dept. of Jobs & Families, c/o Dave Yost, Attorney General
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
30 East Broad Street, 14th Floor, Columbus, OH 43215

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Jay R. Langenbahn Lindhorst & Dreidame Co., L.P.A. 312 Walnut Street, Suite 3100 Cincinnati, OH 45202	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of: Jay R. Langenbahn	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 513-421-6630	DATE 11/25/20
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3 of 4	District of Origin No. 61	District to Serve No. 61	Signature of Authorized USMS Deputy or Clerk Claudia S. Johnson	Date 12-8-2020
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) DUNN	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 12-28-20
	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy Claudia S. Johnson

Service Fee \$8	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$8	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: CERT MAIL 7617 1450 0062 3613 1148

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mike DeWine C/O Dave Yost, Ohio Attorney General 30 East Broad Street, 14th Floor Columbus, OH 43215</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7017 1450 0002 3613 1278</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 1:20 CV944 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Kimberly Hall Department of Jobs and Family Services 30 East Broad Street, 14th Floor Columbus, OH 43215</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7017 1450 0002 3613 1155</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 1:20 CV944 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Kimberly Hall C/O Dave Yost, Ohio Attorney General 30 East Broad Street, 14th Floor Columbus, OH 43215</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7017 1450 0002 3613 1148</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 1:20 CV944 Domestic Return Receipt

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF T.M. Next Friend on behalf of H.C., et al.	COURT CASE NUMBER 1:20-cv-00944
DEFENDANT Governor of the State of Ohio, et al.	TYPE OF PROCESS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Mike DeWine, in his official capacity as Governor of the State of Ohio, Office of the Governor
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
77 South High Street, 30th Floor, Columbus, OH 43215

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Jay R. Langebahn Lindhorst & Dreidame Co., L.P.A. 312 Walnut Street, Suite 3100 Cincinnati, OH 45202	Number of process to be served with this Form 285 1	U.S. DISTRICT COURT SOUTHERN DISTRICT OF OHIO WEST DIVISION CINCINNATI FILED RICHARD W. MAGEL CLERK OF COURT 21 JAN 12 AM 8:52
	Number of parties to be served in this case 2	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of: Jay R. Langebahn	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 513-421-6630	DATE 11/25/20
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1 of 4	District of Origin No. 61	District to Serve No. 61	Signature of Authorized USMS Deputy or Clerk Claudia S. Johnson	Date 12-8-20
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) NO SIGNATURE AVAILABLE	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date 12-28-20	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy Claudia S. Johnson		

Service Fee \$8	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$8	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: CERT MAIL 7017 1450 0002 3613 1162
SEE ATTACHED USPS TRACKING PRINTOUT.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

ALERT: USPS IS EXPERIENCING UNPRECEDENTED VOLUME INCREASES AND LIMITED EMPLOYEE AVAILABILITY DUE TO THE IMPACTS OF COVID-19. WE APPRECIATE YOUR PATIENCE.

USPS Tracking®

[FAQs](#)

Track Another Package +

Track Packages
Anytime, Anywhere

Get the free Inform@d Delivery® feature to receive
automated notifications on your packages

[Learn More](#)

([https://reg.usps.com/xsell?](https://reg.usps.com/xsell?app=UspsTools&ref=homepageBanner&appURL=https%3A%2F%2Finformeddelivery.usps.com/box/pages/intro/start.action)

[app=UspsTools&ref=homepageBanner&appURL=https%3A%2F%2Finformeddelivery.usps.com/box/pages/intro/start.action](https://reg.usps.com/xsell?app=UspsTools&ref=homepageBanner&appURL=https%3A%2F%2Finformeddelivery.usps.com/box/pages/intro/start.action))

Tracking Number: 70171450000236131162

[Remove](#)

Your item was picked up at a postal facility at 10:00 am on December 28, 2020 in COLUMBUS, OH 43216.

Delivered

December 28, 2020 at 10:00 am
Delivered, Individual Picked Up at Postal Facility
COLUMBUS, OH 43216

[Get Updates](#)

Text & Email Updates

Tracking History

December 28, 2020, 10:00 am
Delivered, Individual Picked Up at Postal Facility
COLUMBUS, OH 43216
Your item was picked up at a postal facility at 10:00 am on December 28, 2020 in COLUMBUS, OH 43216.

December 28, 2020, 9:45 am
Out for Delivery
COLUMBUS, OH 43216

December 28, 2020, 9:34 am
Arrived at Unit
COLUMBUS, OH 43216

December 27, 2020
In Transit to Next Facility

December 24, 2020, 6:02 am
Departed USPS Regional Facility
COLUMBUS OH DISTRIBUTION CENTER

December 22, 2020, 11:00 am
Arrived at USPS Regional Facility
COLUMBUS OH DISTRIBUTION CENTER

December 21, 2020, 9:01 pm
Arrived at USPS Regional Facility
CINCINNATI OH DISTRIBUTION CENTER

Feedback